

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO **HZ261658**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

<b>OFFICER INFORMATION</b>		<b>INCIDENT INFORMATION</b>	
NAME (LAST - FIRST - M.I.) <b>PAXSON, MICHAEL R</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>12378</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>10341 S UNION AVE</b>	
DATE OF APPOINTMENT <b>29-NOV-2004</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>353</b>	BEAT/CALL NO. <b>4653A</b>	LOCATION CODE <b>290-RESIDENCE</b> BEAT OF OCCURRENCE <b>2232</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DATE OF OCCURRENCE <b>12-MAY-2016</b>	TIME <b>09:15:00</b>
HEIGHT <b>507</b>	WEIGHT <b>150</b>	DAY OF WEEK <b>THURSDAY</b>	
NO. OF OFFICERS BATTERED <b>8</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES   2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <b>25</b>			
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>25</b>	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3 SPECIAL EMPLOYMENT <input type="checkbox"/> 4 SECONDARY / OTHER		PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <b>SWAT</b>	
<b>TYPE OF ACTIVITY</b>			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<b>OFFENDER INFORMATION</b>			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB <b>21-JAN-1985</b>	CHARGE _____ ICR NO. _____
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT <b>1</b>			
<b>TYPE OF INJURY TO OFFICER</b>		<b>WEATHER CONDITIONS</b>	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>65°F</b>			

REPORTING MEMBER - SIGNATURE  
**PAXSON, MICHAEL R**

STAR NO.  
**12378**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**NAVARRO, KEVIN B**

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